



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

SUICIDE PRECAUTIONS

Effective Date: November 17, 2004

Policy #: TX-14

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- I. PURPOSE:** To provide guidelines for the use of interventions intended to prevent self-inflicted injuries or death in suicidal patients.
- II. POLICY:** Patients will be assessed for suicidal potential as part of the hospital's admission procedures. Staff will continue to assess the potential of each patient to commit suicide on a continual basis as part of ongoing clinical procedures. Patients believed to be at risk for committing suicide will be placed on one of two levels of precautions that prescribe specific steps staff will take to reduce risk and provide treatment for the patient's condition. Additional intervention steps may be taken to address a particular patient's individual circumstances when authorized by a physician's order. Suicide precautions will be discontinued when clinically indicated.
- III. DEFINITIONS:** None
- IV. RESPONSIBILITIES:**
 - A. Treatment staff will monitor patients' behaviors and be alert at all times to the potential for suicide in each patient. When suicidal intentions are present, staff will initiate precautionary measures and interventions immediately.
- V. PROCEDURE:**
 - A. At the time of admission, a professional person will determine if there is a need to implement interventions to prevent suicide.
 - B. When a patient is believed to be at risk for committing suicide, specific precautionary interventions (described below) may be initiated by any staff member. These interventions are designed to ensure close supervision and monitoring of suicidal patients. A physician's order for suicide precautions will be obtained by a licensed nurse as soon as possible and the patient will be evaluated by a physician.
 - C. The need to continue suicide precautions will be reassessed daily by the physician in consultation with the treatment team. The decision to discontinue suicide precautions will also be made by the physician in consultation with the treatment team. A physician's order is required to discontinue either level of precautions.
 - D. Documentation in the Progress Notes will include the reason(s) for implementing, continuing, and discontinuing suicide precautions.

- E. Two levels of suicide precautions will be used to address the risk factors presented by the patient.
1. MINIMAL SUICIDE PRECAUTIONS will be implemented for patients who present with a significant level of depression and suicidal preoccupation.
 - a. A physician will conduct a face-to-face evaluation of patients placed on minimal suicide precautions within 24 hours of the time precautions were implemented.
 - b. Staff will make visual contact with the patient every 15 minutes.
 - c. Patient will reside in a designated area to provide close observation during working hours. Movement from the designated area will require staff escort.
 - d. The patient will sleep in an area where close observation can be provided.
 - e. Nursing staff will conduct a patient search for contraband each shift. However, it is not necessary to awaken a sleeping patient to conduct a search. *[See Contraband and Search Policy for definition of contraband and procedural details.]*
 - f. Staff will document 15-minute visual checks on the Observation Flow Sheet. Staff will document in the Progress Notes each shift. Documentation will include staff observations and interventions, patient activities and behaviors.
 - g. The patient will be allowed to participate in ward treatment activities.
 2. STRICT SUICIDE PRECAUTIONS will be initiated for a patient assessed to be at immediate high-risk for committing suicide.
 - a. When strict suicide precautions are implemented, the physician will complete a face-to-face evaluation of the patient daily. This evaluation will be documented in the progress notes.
 - b. The patient will be assigned a one-to-one staff member who will remain within six (6) feet of the patient and maintain constant visual contact with the patient at all times.
 - c. During waking hours, the patient will reside in a designated area.
 - d. The patient will sleep in an area where close observation can be provided.

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- e. The patient will eat on the unit without sharp utensils.
- f. Certain items of clothing such as belts, drawstring pants, shoes with laces, etc. may be prohibited if these items present a potential danger.
- g. Staff will conduct a patient search for contraband each shift. It is not necessary to wake a sleeping patient to conduct the search. [*See Contraband and Search Policy*].
- h. The person assigned to the 1:1 will document every 15 minutes on the Observation Flow Sheet. A licensed nurse will assess the patient and document in the Progress Notes each shift.
- i. The patient will be allowed to participate in ward treatment activities as appropriate.

VI. REFERENCES: None

VII. COLLABORATED WITH: Nursing Managers, Medical Director.

VIII. RESCISSIONS: #TX-14, *Suicide Precautions* dated October 1, 2001; H.O.P.P. #13-03S. 072893, *Suicide Precautions* dated July 28, 1993.

IX. DISTRIBUTION: All hospital policy manuals

X. REVIEW AND REISSUE DATE: November 2007

XI. FOLLOW-UP RESPONSIBILITY: Director of Nursing Services

XII. ATTACHMENTS: None

_____/_____/_____
Ed Amberg Date
Hospital Administrator

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